

11 APR -6 AM 11:23

2011 APR 4 AM 9 37

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Archuleta Bob

1. Office, Agency, or Court

Agency Name

Pico Rivera City Council

Division, Board, Department, District, if applicable

Your Position

Councilmember/Mayor Pro Tem

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached.

Position: See Attached.

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County Los Angeles and Orange Counties

☐ County of

☒ City of Pico Rivera

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_

Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/30/11  
(month, day, year)

Signature

FORM 700  
COVER PAGE  
(2010 Annual Statement)

Section 1. Office, Agency, or Court

Name: Southeast Area Social Services Funding Authority  
Division, Board, District: n/a  
Position: Boardmember

Name: Gateways Cities  
Division, Board, District: n/a  
Position: Boardmember

Name: Rio Hondo College  
Division, Board, District: n/a  
Position: Boardmember

Name: Southeast Area Animal Control Authority  
Division, Board, District: n/a  
Position: Boardmember

Name: Greater Los Angeles County Vector Control District  
Division, Board, District: n/a  
Position: Boardmember

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name \_\_\_\_\_

Bob Archuleta

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

INTEREST RATE \_\_\_\_\_% ☐ None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

FPPC Form 700 (2010/2011) Sch. C  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

**SCHEDULE D**  
**Income – Gifts**

► NAME OF SOURCE  
Arnold Glassman  
 ADDRESS (Business Address Acceptable)  
6615 Passons Blvd., Pico Rivera, CA 90660  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 14 / 10</u>	<u>\$ 70.00</u>	<u>Dinner</u>
<u>09 / 16 / 10</u>	<u>\$ 65.00</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
U.S. Army Recruiting  
 ADDRESS (Business Address Acceptable)  
6337 Balboa Blvd., Encino, CA 91316  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Military

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 07 / 10</u>	<u>\$ 80.00</u>	<u>Music Festival Ticket</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
Leba, Inc.  
 ADDRESS (Business Address Acceptable)  
11003 Rooks Rd., Pico Rivera, CA 90660  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Venue Operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 03 / 10</u>	<u>\$ 120.00</u>	<u>Concert Ticket</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_  
 \_\_\_\_\_

From: (213) 452-6550  
 Stephen Kaufman  
 Kaufman Legal Group  
 777 S. Figueroa Street, Suite 4050  
 Los Angeles, CA 90017

Origin ID: EMTA



Ship Date: 01APR11  
 ActWgt: 1.0 LB  
 CAD: 5952691/NET3130

Delivery Address Bar Code



SHIP TO: (213) 452-6565  
**Daryl Betancur**  
**Pico Rivera City Clerk's Office**  
**6615 PASSONS BLVD**

BILL SENDER

PICO RIVERA, CA 90660

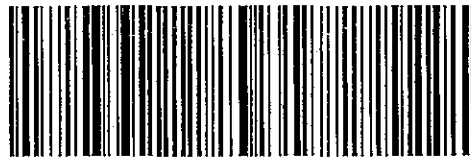
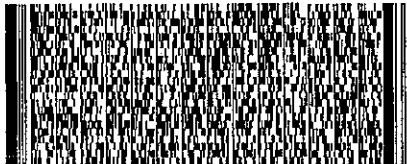
Ref # ARC6022.001  
 Invoice #  
 PO #  
 Dept #

MON - 04 APR A2  
**PRIORITY OVERNIGHT**

TRK# 7969 4310 0510  
 0201

**WZ JDYA**

**90660**  
 CA-US  
**LAX**



500G326A8/EPB

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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